



IDAHO DEPARTMENT OF
HEALTH & WELFARE

JAMES E. RISCH – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T. – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

September 18, 2006

FILE COPY

Cathy Lynch, Administrator
Heritage Retirement Center Of Boise - J.C. Health Care Inc
1777 S Curtis Rd
Boise, ID 83705

Dear Ms. Lynch:

On September 7, 2006, a complaint investigation, state Licensure survey was conducted at Heritage Retirement Center Of Boise - J.C. Health Care Inc. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

JAMIE SIMPSON, MBA, QMRP
Supervisor
Residential Care Assisted Living Program

JS/slc

Enclosure



IDAHO DEPARTMENT OF
HEALTH & WELFARE

JAMES E. RISCH – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

FILE COPY

September 19, 2006

Cathy Lynch, Administrator
Heritage Retirement Center of Boise - JC Health Care
1777 S Curtis Rd
Boise, ID 83705

Dear Ms. Lynch:

On September 7, 2006, a complaint investigation survey was conducted at Heritage Retirement Center of Boise - J.C. Health Care Inc. The survey was conducted by Polly Watt-Geier, LSW and Karen McDannel, R.N. This report outlines the findings of our investigation.

Complaint # ID00001600

Allegation #1: A resident did not receive pain medications or coumadin as order by the physician.

Findings: Based on interview and record review it could not be determined an identified resident did not receive pain medication or coumadin as ordered by the physician or authorized provider.

Review of the identified resident's closed record on September 5, 2006 revealed the resident was admitted on March 1, 2004 with diagnoses which included hypertension and chronic back pain.

Review of the facility's admission discharge register revealed the resident had been discharged from the facility on July 16, 2006 and was unavailable for an interview.

The identified resident's closed record contained an NSA dated July 12, 2006 which documented the resident needed daily assistance with her medications.

The identified resident's closed record contained a physician's order dated June 18, 2006 which documented the resident was to take the following medications:

EC Asprin 81 milligrams (mg) by mouth once a day.
Norvasc 2.5 mg by mouth once a day.
Hydrocodone/APAP 5/325 take 1 to 2 tabs by mouth every 4 to 6 hours or as needed for pain.
Coumadin 3 mg by mouth once a day.

Review of the facility's July 2006 Medication Assistance Record (MAR) documented the resident received the following medications from July 1, 2006 through July 15, 2006:

EC Asprin 81 mg by mouth once a day.
Norvasc 2.5 mg by mouth once a day.
Hydrocodone/APAP 5/325 mg take 1 to 2 tablets by mouth every 4 to 6 hours as needed.
Coumadin 3 mg by mouth once a day.

On September 5, 2006 at 4:10 p.m., the facility nurse stated she was not aware of a time when the resident did not receive coumadin or pain medications as prescribed by the physician or authorized provider.

On September 6, 2006 at 4:15 p.m., the administrator stated the facility had ordered the hydrocodone from the pharmacy. She stated the facility did not run out of hydrocodone and the resident received hydrocodone when she requested it. Additionally, she stated the resident was given pain medications and coumadin as ordered by the physician or authorized provider .

Conclusion: Unsubstantiated. Although the allegation may have occurred, it could not be validated during the complaint investigation conducted on September 7, 2006.

As no deficiencies were cited as a result of our investigation, no response is necessary to this report. Thank you to you and your staff for the courtesies extended to us on our visit.

Sincerely,

A handwritten signature in black ink, appearing to read "Polly Watt-Geier", followed by the word "for" in a cursive script.

POLLY WATT-GEIER, LSW
Team Leader
Health Facility Surveyor
Residential Community Care Program

PW/slc

c: Jamie Simpson, MBA, QMRP, Supervisor, Residential Community Care Program

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R794	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/07/2006
NAME OF PROVIDER OR SUPPLIER HERITAGE RETIREMENT CENTER OF BOISE -		STREET ADDRESS, CITY, STATE, ZIP CODE 1777 S CURTIS RD BOISE, ID 83705		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>The residential care/assisted living facility was found to be in substantial compliance with the Rules for Residential Care or Assisted Living Facilities in Idaho. No core issue deficiencies were cited during the standard survey conducted on 9/7/06. The surveyors conducting the standard survey were:</p> <p>Polly Watt-Geier, MSW Team Coordinator Health Facility Surveyor</p> <p>Karen McDannel, RN Health Facility Surveyor</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6889

YBRP11

If continuation sheet 1 of 1